Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

FULFILLING THE LEGACY

NPS

NATIONAL PREVENTION STRATEGY

The Fulling the Legacy Report was prepared by the members of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health:

Jeffrey Levi, Ph.D., Chairperson

JudyAnn Bigby, M.D.

Richard Binder, M.D.

Valerie Brown, M.A.

Ned Helms, Jr., M.A.

Patrik Johansson, M.D., M.P.H.

Jerry L. Johnson, M.S., M.A.

Janet R. Kahn, Ph.D.

Charlotte Kerr, R.S.M., B.S.N., M.P.H., M.Ac.

Jacob Lozada, M.A., Ph.D.

Elizabeth Mayer-Davis, Ph.D.

Dean Ornish, M.D.

Barbara Otto, B.A.

Herminia Palacio, M.D., MPH

Linda Rosenstock, M.D., M.P.H.

John Seffrin, Ph.D.

Ellen Semonoff, B.A., J.D.

Susan Swider, Ph.D., R.N., F.A.A.N

Sharon Van Horn, M.D., M.P.H.

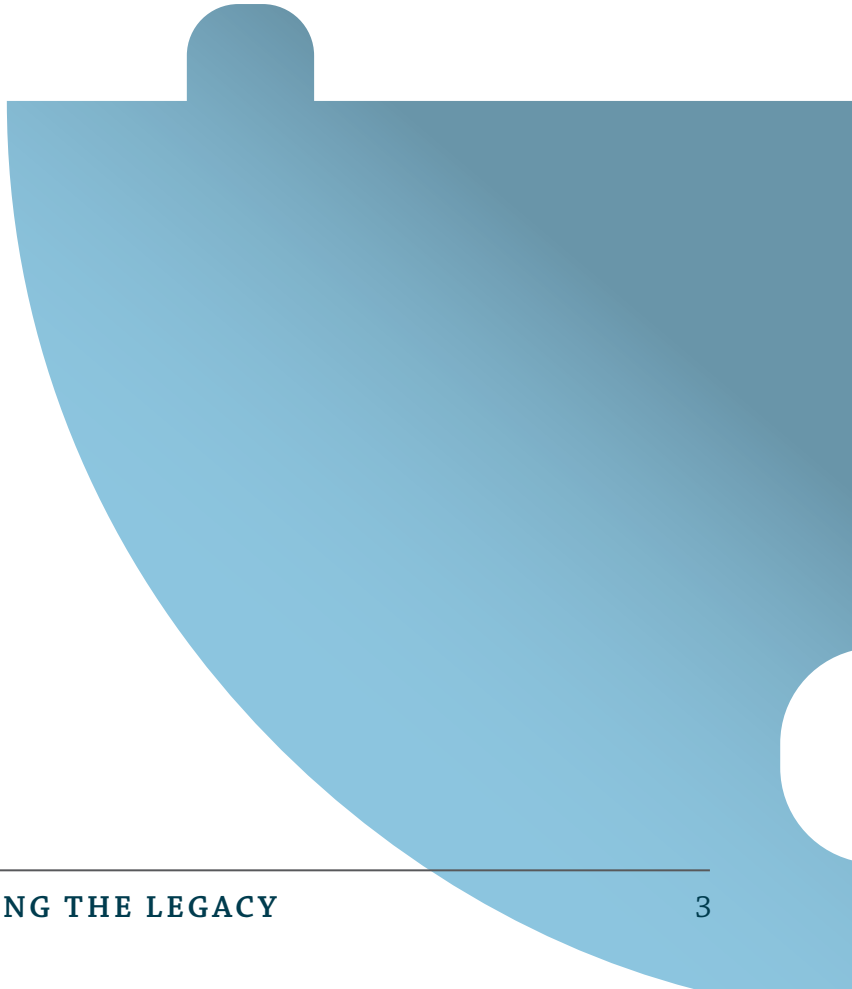
Kimberlydawn Wisdom, M.D., M.S.

Designated Federal Officer: Brigette Ulin, M.P.H.

The Centers for Disease Control and Prevention provides ongoing administrative and technical support for the operations of the Advisory Group.

Suggested citation: Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, Fulfilling the Legacy Report, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2016. Available at **http://www.surgeongeneral.gov/priorities/prevention/advisorygrp/index.html**.

The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Advisory Group) believes that the *National Prevention Strategy: America's Plan for Better Health and Wellness* (Strategy), developed by the National Prevention and Health Promotion Council (Council), remains an important guide to improving our nation's health and well-being. As a new Administration and Congress take office in January 2017, we, the Advisory Group, offer several recommendations based on our work over the past six years to update the Strategy and to better integrate its framework into federal government and related efforts across the nation. These recommended actions will ensure that the Strategy remains a strong influence to make our country healthier, while also strengthening our economy, and creating a more resilient society. Regardless of the fate of the Affordable Care Act, our nation still needs the multi-sector, public-private collaborations identified in the Strategy and by the Council to promote the nation's health.



This paper is divided into the following sections:

- *Key Messages:* The highlights of this report and our lessons learned from the past six years.
- *Overview:* Our assessment of the impact and reach of the Strategy and our case for an updated Strategy that reflects the experience of the last six years as well as new and reemerging public health challenges that merit a multi-sector approach.
- *Recommendations for Updating the National Prevention and Health Promotion Strategy:* A Call to Action identifying specific initiatives to empower communities across the nation to adopt a collaborative approach to health promotion.
- *Past Actions of the Advisory Group:* A review of the Advisory Group's previous recommendations, emphasizing those still relevant for use by the incoming Administration.

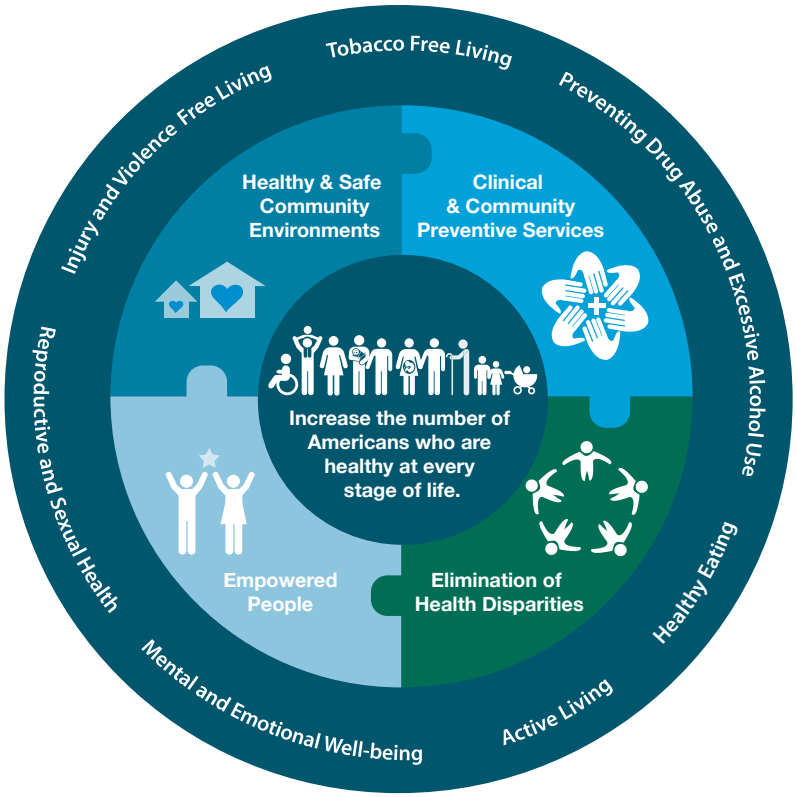
National Prevention and Health Promotion Council

National leadership is critical to support our nation's focus on prevention, catalyze action across society, and implement the National Prevention Strategy (Strategy). The National Prevention and Health Promotion Council (Council), created through the Affordable Care Act, comprises 20 federal departments, agencies and offices and is chaired by the Surgeon General.

The Council provides national leadership and prioritizes prevention by collaborating across multiple sectors to champion the implementation of effective policies and programs to improve the health of the nation. The Council released the first ever **Strategy** in June of 2011. The Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for Americans. In June of 2012 the Council released their **Action Plan for Implementing the National Prevention Strategy**. This action plan identifies Council commitments, shared across all 20 departments, and unique department actions to further each of the strategic directions and priorities of the Strategy. The Council submitted **annual status reports** every July from 2010-2015 to the President and the relevant committees of Congress describing national progress in meeting specific prevention, health promotion, and public health goals defined in the Strategy. In the summer of 2015, the White House Domestic Policy Council requested the Council develop a healthy aging action plan to advance the implementation of the Strategy. This plan, called the Healthy Aging in Action (HAIA) was included as a deliverable for the White House Conference on Aging and was released in the fall of 2016. HAIA identifies recommendations and specific actions for healthy aging and highlights federal and nonfederal actions that target the older adult population and advance the four strategic directions of the Strategy.

KEY MESSAGES

- **The National Prevention Strategy provides a framework for work and "North Star" that promotes well-being.** The Strategy's goal to "increase the number of Americans who are healthy at every stage of life" and its four strategic directions remain highly relevant to creating health and well-being in our country.
- **The National Prevention Strategy is dynamic; therefore, it should be reviewed and updated regularly to reflect new science and new opportunities to improve the nation's health.** The Advisory Group recommends the Strategy be updated to expand its focus on equity (see Strategic Direction: Elimination of Health Disparities) and community (see Strategic Direction: Empowered People) as critical elements to achieving health and well-being, and to include key public health concerns, such as climate change, gun violence, and the opioid crisis (see Strategic Direction: Healthy and Safe Community Environments). We also recommend updating the Strategy to recognize new science and new opportunities associated with a changing health care system. Such an update should reinvigorate our commitment to prevention and health promotion (see Strategic Direction: Clinical and Community Preventive Services) and encourage the health care sector to forge links outside



Left: The National Prevention Strategy provides a framework for work and "North Star" that promotes well-being

the traditional bounds of clinical medicine. The Strategy should be updated to better focus on the common goal of optimizing health and to further consider the social determinants of health.

- **The National Prevention Strategy should be a national call to action that engages all sectors in promoting health and well-being.** The Strategy should become the basis for a national campaign, catalyzing multi-sector partnerships at the national, state, county, city, and neighborhood levels. The Strategy should build on the growing evidence for involving communities in creating and carrying out multi-sector approaches.

- **The National Prevention and Health Promotion Council, representing collaboration among 20 federal agencies, shows the impact of targeted federal investments to improve health.** Five years after the Strategy was developed, the evidence continues to suggest that multi-sector, community-based approaches supported by a strong public health sector are critical to achieving the goals of the Strategy. During this same period, models have been developed that show that these approaches can achieve this vision if brought to scale.[i]

- **The new Administration should engage the National Prevention and Health Promotion Council and the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health to realize the potential of the National Prevention Strategy.** Specifically, the new Administration should:

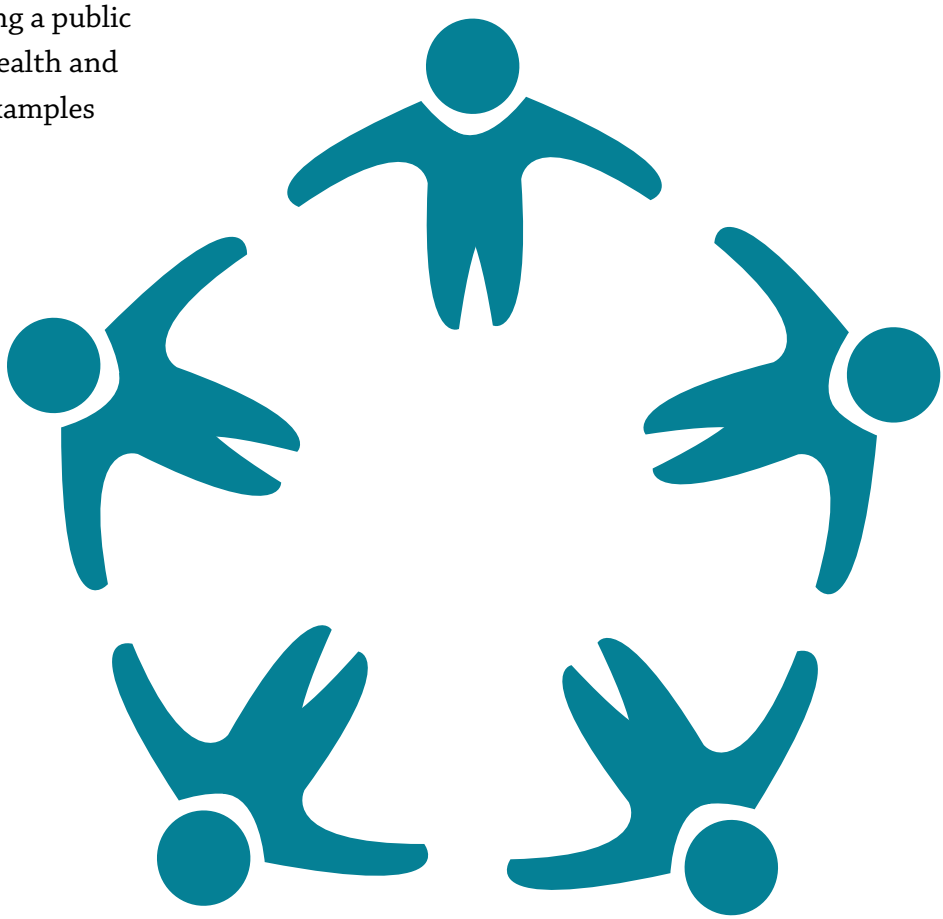
  - Expand implementation of the Strategy beyond member agencies to support cross-agency collaborations that align with Strategy goals. To date, most Council efforts have focused on inserting elements of the Strategy in the federal workplace. The Council can start new externally facing collaborations across member agencies by catalyzing and supporting joint efforts at the community level or cataloguing collaborations already in place or begun through other mechanisms than the Council.

  - Diversify the membership of the Advisory Group, so it is an example of the multi-sector partnerships needed at the community level.

OVERVIEW: The National Prevention Strategy is a North Star for Health Promotion and Well-Being

Over the last six years, both through our work as an Advisory Group and through examples in the field, we have seen continued validation of the underlying concept articulated in the Strategy: that community-based, multi-sector approaches to creating health and well-being through policy, systems and environmental change, aligned to the strategic directions in the Strategy, remain a relevant approach for communities, cities, counties, states, and the nation to think about prevention and health promotion. Similarly, in embracing an integrative approach to health care, individuals will have a more holistic, patient-centered treatment experience. When multiple sectors work together, taking a public health frame, the most intractable health and social problems can be solved (see examples beginning on page 8).

At a recent Advisory Group **meeting**, we heard of the great progress Minneapolis, Minnesota has made in combatting youth violence (see text box). We believe the federal government, working with the Council and the Advisory Group, can assure that these kinds of public health-led multi-sector approaches are replicated by removing federal regulatory and funding obstacles to this kind of collaboration and by developing the capacity of local public health leadership to drive multi-sector change.



Healthy and Safe Community Environments-

Blueprint for Action: Preventing Youth Violence in Minneapolis

Between the years 2006 and 2007, Minneapolis faced a crisis. Homicide was the leading cause of death among youth aged 15-24 years. Starting in 2008, the city began addressing youth violence as a multifaceted issue, engaging law enforcement, public health entities, the community, and other stakeholders to create integrated solutions to the problem. The plan is called the Blueprint for Action to Prevent Youth Violence, and it is seeing measurable results. In testifying before the Advisory Group, Minneapolis Health Commissioner Gretchen Musicant reported that between 2007 and 2015, Minneapolis saw a 34% decrease in youth victims of a crime, a 76% decrease in youths arrested with a gun, and a 62% decrease in youth gunshot victims. Commissioner Musicant attributed the success of the program to its cross-sector approach including multiple levels of community engagement.

Instead of addressing the issue of community violence from a strict criminal justice point of view, the Blueprint claims a public health approach to address violence. The Blueprint's five goals reach across all modes of prevention. As part of primary prevention, the Blueprint seeks to foster violence-free social environments and provide youth with positive opportunities and connections to trusted adults. In secondary prevention, the program focuses on early detection, intervening with youth and families at the first sign of risk. Finally, among tertiary prevention strategies, the program includes restoration (rehabilitation) of youth who have gone down the path of violence and protection of children from violence within the community.

The goals of the Minneapolis Youth Violence Prevention Blueprint are supported by a cross-sector governance structure. The executive committee is comprised of 17 members from the

following fields: financial/business, health care, academia, public schools, parks and recreation, law enforcement, foundations, faith-based, community organizers, elected officials, and students. The executive committee works in conjunction with a multijurisdictional operational team that includes the Minneapolis Health Department core team and representatives of various government agencies including the mayor's office and the US Attorney General's Office.

The success of the Blueprint was not achieved without difficulties. Commissioner Musicant reported to the Advisory Group that as the different sectors came together, braiding funds at the local level proved to be difficult. Funding sources remain varied, often coming with rules specific to that funder. Although funders, federal and otherwise, were well intentioned, the need to address fragmentation proved equal parts time consuming and frustrating, with much energy spent at the local level to create a cohesive system. To promote success in future public health interventions, Commissioner Musicant encourages programs to focus on the basic needs of the community and suggests that the answer is not always so complex; many young people in the Blueprint's program reported that they hoped for secure housing, employment, and education. When agencies work across sectors and their funding streams can be braided, interventions can begin to meet their full potential in reducing poor health outcomes.

City of Minneapolis Health Department. (2013). Minneapolis Blueprint for Action to Prevent Youth Violence. Minneapolis, MN.

We have been particularly gratified to see the number of governmental and private institutions that have embraced the Strategy as a guide for their work, a process which members of the Advisory Group have sometimes facilitated. The Advisory Group's charge was to *"bring a non-Federal perspective to the National Prevention Strategy's policy and program recommendations and to its implementation."* Appendix A contains a summary of work that Advisory Group members undertook to spread and scale the impact and implementation of the Strategy. These activities range from collaborating with government (e.g., the Healthy Chicago initiative), with health systems (e.g., Henry Ford), and within the education sector (e.g., University of New Hampshire). See the text boxes below for descriptions of these initiatives.

We believe that the Strategy remains an excellent guide for policymaking and for communities across the country. That said, since the Strategy was written, we have gained new knowledge and experienced a number of challenges that underscore the importance of adding a ***health equity focus*** to the entire Strategy. Whether it was the water crisis in Flint, Michigan, the opioid-HCV-HIV outbreak in Scott County, Indiana, or countless other examples, we know that our health system and social institutions are not serving everyone equitably. To that end, we recommend that the "Elimination of Health Disparities" strategic direction be reframed as "Promotion of Health Equity and Elimination of Health Disparities," using the Healthy People 2020 definition of equity as "attainment of the highest level of health for all people." An equity frame will bring more attention to the social determinants of health and highlight the multi-sector approaches that are needed to achieve better health outcomes for everyone. Indeed, there is mounting evidence that communities that invest in programs that tackle the social determinants of health are more likely to see lower health costs and better health outcomes[1].

Thanks to the successful implementation of components of the Affordable Care Act, we believe the Strategy should reflect the ***changed health care environment***. Since the development of the Strategy, the number of uninsured individuals is significantly lower. Many vulnerable populations now have a path to health coverage. Still, not all populations have benefited, particularly undocumented individuals and poor individuals living in states without expanded Medicaid programs. Further, the Affordable Care Act (and the American Recovery and Reinvestment Act [ARRA] before it) created a commitment to clinical preventive services without cost sharing and community prevention programs, through investments like Communities Putting Prevention to Work, Community Transformation Grants, Partnerships to Improve Community Health, REACH, and other programs supported through the Prevention and Public Health Fund and the ARRA. These programs invested billions of dollars into improving the health and well-being of Americans. The Prevention and Public Health Fund has been a vital source of investment in the nation's health; protecting the Prevention and Public Health Fund should remain a high priority.

Another important change in health care is the appropriate use of the full health care workforce, including practitioners of traditional, complementary, and integrative health care who are licensed or nationally certified. Interventions offered, particularly with reimbursement, should have peer-reviewed evidence of safety and effectiveness (see **recommendation**). The holistic view of these professions has informed the increase in patient-centered care we see coming to mainstream medicine.

Within the health care delivery system, health care financing models are evolving to focus on rewarding outcomes and nonprofit health systems have new expectations regarding community benefit. These changes have spurred the health care sector to collaborate more across sectors to improve the health of their communities. There is a growing recognition that what happens outside the four walls of the clinic can have as much impact on health outcomes as what happens within the clinic. Indeed, supporting healthier communities, supporting individuals in living healthier lifestyles, and ensuring access to needed social services will likely, in the long term, improve health outcomes and reduce health care costs. We should support and monitor efforts to link population health efforts to the health care sector by encouraging evidence-based approaches with meaningful ***community engagement***. When proven successful, they should be financially supported and scaled up.

Since the development of the Strategy, a number of vital public health issues have gained greater attention and the ***Strategy should include heightened public health concerns***. Some public health concerns are long-standing problems that have come to the fore. Others represent new challenges the nation must face. Each requires a comprehensive approach that embraces not only the health care system, but also public health and other sectors that can build a community's ability and resilience to face these challenges. We specifically want to highlight:

- ***Opioid misuse, addiction, and overdose deaths.*** The opioid crisis—so effectively highlighted in the recent work of the Surgeon General—has given new attention to issues related to substance use. We need a comprehensive approach that incorporates prevention, access to substance abuse treatment, and appropriate pain management. We must respond to the immediate needs of those tragically affected by the opioid crisis, including those who have been historically affected by the epidemic as well as those newly affected, by assuring access to substance abuse treatment. In addition, there is a substantial body of evidence indicating that acupuncture, therapeutic massage, and chiropractic medicine are effective in addressing both acute and chronic musculoskeletal pain. Deploying professionals who practice these modalities may allay the need for prescription of opioids for pain abatement. We must also help to create stronger communities and resilient individuals who are less likely to have behavioral health issues, including addiction.
- ***New and reemerging infectious diseases.*** Since release of the Strategy, the nation has faced new and reemerging infectious disease threats, such as the Ebola and Zika viruses. Both viruses are having tragic health consequences domestically and abroad. These threats reinforce the importance of a strong public health system that builds community resilience and ensures that state and local health departments have core

surveillance and response capacities. A revised Strategy should pay close attention to ensuring these capabilities throughout the nation.

- ***Climate change.*** Since the Strategy was written, evidence is mounting about the health effects of climate change and the need for a public health approach to combat these effects. The current Strategy is silent on climate change and should be revised to note the significant health effects from a changing environment, including its impact on water supplies, agriculture and food production, and air quality. We believe the Strategy, with its attention to the social determinants of health, could encourage a national discussion about climate change and build communities that are more resilient and better able to address the direct health effects of climate change. In a **resolution** passed on December 22, 2015, we provided more details on how public health concerns related to climate change could be addressed.
- ***Gun violence.*** While not a new issue, the recent wave of mass shootings has reignited public calls for action. As with climate change, we believe a public health approach is central to solving this problem (see text box on Minneapolis) and could bridge some of the ideological divides on this issue. The current Strategy is silent on this key public health issue; any revision should encourage a multi-sector approach in designing a public health response. (See **resolution**).

SUPPORTING THE NATIONAL PREVENTION STRATEGY THROUGHOUT THE NATION: A Call to Action

An updated Strategy is only as good as the action it inspires across the nation. Even with few resources devoted to sharing the current Strategy, we have seen numerous examples where it has motivated communities, health systems, and other sectors (see the examples below and the table in Appendix A). Investment of time and energy in developing an updated Strategy will only be worthwhile if it is accompanied by a concerted effort to create a movement toward implementation. To that end, we strongly recommend:

In conjunction with release of the updated Strategy, the Surgeon General should issue a Call to Action to create a movement across the country for communities to come together to assess how the Strategy can be used to address their health needs (and those determinants that affect well-being) *and* create more equitable communities. Ideally, this Call to Action will catalyze community leaders throughout the nation to convene the multiple sectors and stakeholders who must come together to implement the Strategy.

To truly empower people to execute the Strategy, the Department of Health and Human Services (HHS) should support community capacity building for the Surgeon General's Call to Action. As evidenced by the examples found in this report, when a collective-impact approach is taken in communities, great progress can be made. But financial resources are needed to support that collective-impact work, which in turn can leverage the use of existing and new resources more effectively. This small investment could pull in more and better resources to improve the health of communities. Both the **Guide to Community Preventive Services** and Centers for Disease Control and Prevention's (CDC) **Health Impact in 5 Years** can serve communities well as they prioritize their approaches.[i]

EMPLOYING THE ADVISORY GROUP TO REALIZE THE POTENTIAL OF THE NATIONAL PREVENTION STRATEGY

A dynamic National Prevention Strategy must be a multi- sector driven document – one that emerges from broad consultation by the stakeholders who must come together to implement it. This provides a vital opportunity to create a national movement that feels ownership of the Strategy, along with the federal agencies responsible for implementation of part of the public sector response. We believe that *the Advisory Group can be the vehicle for incorporating multi-sector input, both through diversification of its membership and through its outreach capacity.* To that end, we recommend:

- As new Advisory Group members are selected, attention should be paid to ensuring broader representation from all sectors vital to improving the public's health and addressing the social determinants of health.
- Sufficient resources should be committed to support the work of the Advisory Group so its outreach can encourage involvement in Strategy revision and its application.
- Communication between the Advisory Group and the Council should be improved to foster regular advice and feedback.

STATUS OF ADVISORY GROUP RESOLUTIONS

Appendix B contains a list of resolutions passed by the Advisory Group, including measures of progress. We wish to highlight several resolutions we hope the next Administration will consider as part of a comprehensive approach to prevention, health promotion, and integrative and public health. These resolutions include:

- ***Expansion of agencies represented on the Council:*** We believe that one of the most important roles of the Council is to ensure that federal agencies align their work with the vision of the Strategy and its health in all policies approach. To that end, the new Administration should consider whether additional agencies should have representation on the Council. One critical agency we believe should be added is the Department of Treasury, including the Internal Revenue Service (IRS). As we noted in **April 2012,** inclusion of the Treasury Department "will help to maximize the impact" of the new community benefit requirements on nonprofit hospitals that are overseen by the IRS, and ensure "that community benefit activities of hospitals are in line with community needs and coordinated with other effective prevention and health promotion efforts."

- ***Recognize the importance of integrative health providers***:
The Advisory Group's mandate includes integrative health. To that end, we remain disappointed that HHS has not issued guidance to health plans, as required in the Affordable Care Act, to ensure compliance with the requirement that "a group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law." We recommend any revision of the ACA will continue to include this or similar requirements.

THE NATIONAL PREVENTION STRATEGY IN ACTION

Elimination of Health Disparities – *Healthy Chicago*

In 2011, Mayor Rahm Emanuel launched Healthy Chicago, one of the most comprehensive public health agendas in the country dedicated to transforming the health of Chicago. Developed by the Chicago Department of Public Health (CDPH) and modeled on the National Prevention Strategy, Healthy Chicago prioritized city-wide goals and outlined concrete, actionable strategies to reach these goals through the collaboration of city agencies, businesses, community organizations, faith groups, and individuals. In 2016, the city of Chicago and CDPH released an updated public health agenda, Healthy Chicago 2.0, revising the original framework with an underlying goal of achieving health equity and reducing health disparities. The revised priorities and proposed strategic actions of Healthy Chicago 2.0 call on a multi-sector network of organizations such as health care providers, government agencies, social service providers, advocates, academic institutions, businesses and faith-based organizations, to collectively work to improve population health in Chicago.

Healthy and Safe Community Environments - *Healthy University of New Hampshire*

The University of New Hampshire aspires to be the healthiest college campus in the country and has chosen to use the National Prevention Strategy to guide the Healthy UNH approach. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. Initially, the University appeared to fall into the Early Learning Centers, Schools, Colleges, and Universities sector as well as the Businesses and Employers sector of the National Strategy. After reviewing all recommendations, it became clear that implementing the framework at the UNH requires action across all sectors, because UNH acts, in some cases, as a local government (with establishing policy), and as a health care system (delivering care to students, faculty, and staff). UNH also includes many community organizations, across many interest areas. And, UNH focuses on supporting individuals and families. Therefore, using the National Prevention Strategy required UNH to look at its activity and opportunities across all sectors. A comprehensive overview of the UNH program can be reviewed here.

Clinical and Community Preventive Services - *Healthy Detroit*

The Henry Ford Health System was founded over 100 years ago by automotive pioneer and icon Henry Ford. In 2012, Henry Ford Health System established a Wellness Center of Excellence - Henry Ford LiveWell - modeled after the National Prevention Strategy. The Center, which embodies the System's vision of transforming lives and communities through health and wellness one person at a time, is grounded in the four strategic directions of the Strategy Framework. At its core, it is designed to integrate wellness into the Henry Ford Experience through four strategic areas: engaged and empowered people, clinical preventive services, healthy environment, and integration of healthcare equity into wellness initiatives with a specific intent to eliminate healthcare and health disparities.

Henry Ford LiveWell efforts have ranged from the development of a 5-2-1-0 Kids! app designed to engage and empower families to be more physically active and eat healthfully; to the implementation of System policies pertaining to food procurement practices and food preparation methods (i.e., elimination of all deep fryers) as part of the Partnership for a Healthier America four-year signed commitment.[ii] In addition, remarkable progress has been made toward the implementation of stringent tobacco-free and flu vaccinations policies for all employees. The Strategy not only provided a sound guiding framework, but has also served as a catalyst to accelerate System change that is being spread industry-wide as well as among other sectors outside of healthcare. The Strategy has significantly advanced the potential to achieve Henry Ford Health System's bold community transformation vision and, in the process, engaged other aligned and committed partners.

Empowered People - *Lifestyle, Environment, and Social Determinants*

There is a growing body of evidence that lifestyle changes, including adopting a healthier diet, moderate exercise, stress management techniques, and social support can both prevent serious chronic conditions and halt or reverse their progression. This is sometimes referred to as lifestyle medicine[ii], though many programs supporting lifestyle change occur either outside the clinical setting or in conjunction with clinical efforts. The evidence is particularly strong with regard to cardiovascular disease and diabetes but there is growing interest in lifestyle supporting recovery and prevention for other chronic conditions as well.[ivvvivii]

In 2015, 86% of the $3.0 trillion spent on health care costs were for treating chronic diseases. [vii] Thus attention to lifestyle changes that can prevent or reduce their severity is critical.

The federal government (and a growing number of private insurers) have recognized the importance of supporting these lifestyle changes by altering their reimbursement policies. In 2010, CMS created a new benefit category, intensive cardiac rehabilitation, to provide Medicare reimbursement for programs proven to reverse progression of heart disease by comprehensive lifestyle changes. [viii] In 2016, CMS agreed to reimburse for the Diabetes Prevention Program, a community-based intervention that supports individuals with pre-diabetes to make lifestyle changes.[ix] This initiative has been shown to prevent progression to diabetes. Many private insurers are covering these programs as well.

There is also a growing recognition that individuals need supportive environments in order to make these lifestyle changes.[ix] In recent years, the federal government has supported numerous initiatives that support communities in making policy, systems, and environmental changes that create the context for lifestyle change—from making communities more walkable to assuring easier access to healthier foods and smoke-free environments.[x]

Most recently, the Centers for Disease Control and Prevention released a review of 14 community-wide population health initiatives that address the environmental and social contexts (addressing social determinants of health) that promote health and healthier choices—all of which have been shown to have a positive health impact within five years and are cost-effective or cost saving.[xi] Effective implementation of these approaches will require additional collaboration across the National Prevention Council agencies and their counterparts at the state and local level.

Elimination of Health Disparities – *American Indians in the State of Maine: The Waponahki Tribal Health Assessment*

To eliminate health disparities the National Prevention Strategy calls for Tribal governments to "use data to identify populations at greatest risk and work with communities to implement policies and programs that address highest priority needs." Limited and perceived inaccuracies in State level data on the health status of American Indians residing in Maine has been a long-standing concern of Maine Tribal health directors of the four federally recognized Tribes, The Aroostook Band of Micmacs, The Houlton Band of Maliseets, The Passamaquoddy Tribe - Indian Township and Pleasant Point, and The Penobscot Nation. In order to address the lack of existing data the Tribal Health Directors identified the need for a multi-Tribal health assessment based on the behavioral risk factors surveillance system which would allow for comparability with other populations in Maine. Employing a community-based participatory research approach in collaboration with researchers from the University of Nebraska Medical Center College of Public Health, 2010-2011, the Maine Tribal health departments conducted the Waponahki Tribal Health Assessment, the first-ever multi-Tribal health assessment in Maine.[1]

In alignment with the National Prevention Strategy's direction to eliminate health disparities, the health assessment allowed for the standardization and collecting of data to better identify and address disparities. The survey showed that Tribal members experience health disparities manifested higher rates of risk factors for chronic disease in comparison to Whites in Maine. Furthermore, survey data reveal that Waponahki Tribal health departments enjoy recognition as a source of community strength and successfully deliver clinical, community, and preventive services to Tribal members. The Maine Tribal Health Directors believe that the development, implementation, and analysis of the 2010 Waponahki Assessment should be considered a major accomplishment for the five Maine Tribal health departments. With 1,127 participants this health assessment represents one of the largest documented Tribal health surveys completed east of the Mississippi River. This is the first time that the Maine Tribal Health Programs have had access to data regarding Maine Tribal populations that is both accurate and meaningful to them. Using results from the health assessment, the Wabanaki Public Health District, the 9th public health district designated by the State of Maine, serving the four Tribes, is developing community health improvement plans employing a multi-sector approach to improve the health of Tribal communities and health eliminate disparities.

Johansson P, Knox-Nicola P, Schmid K. The Waponahki Tribal health assessment: Successfully using CBPR to conduct a comprehensive and baseline health assessment of Waponahki Tribal members. J Health Care Poor Underserved. 2015;26(3):889-907.

Community and Clinical Community Preventive Services -

Successfully Decreasing Diabetes Risk in Rural Nebraska through Collaborative Partnerships and Systems

The goal of the National Diabetes Prevention Program (NDPP) in Nebraska's Panhandle region is to reduce the number of residents who develop type 2 diabetes and other associated chronic diseases. The regional approach was implemented in June 2012 by Panhandle Public Health District (PPHD) who employs the program coordinator, data analyst, and contracts with local organizations to assure capacity and sustainability to offer the program throughout the 12 rural, frontier counties of the Nebraska Panhandle. Organizations are selected for partnership based on shared interest and commitment to reducing the burden of type 2 diabetes.

Eighty-eight percent of the local hospitals in the region have committed to sustaining the program in their communities by including it in their Community Health Benefit Plans. In an effort to increase access and reduce barriers, we partnered with the Panhandle Worksite Wellness Council to provide the program onsite for member companies. This has been a strong partnership and great opportunity for employers to provide evidence-based programming in their wellness programs.

NDPP in the Panhandle was honored to receive the Model Practice Award at the 2015 Annual Conference of the National Association of County and City Health Officials (NACCHO) along with the program being offered at Panhandle Public Health District in Hemingford being the first in the state to achieve full recognition by the Center for Disease Control and Prevention Diabetes Prevention Recognition Program.

As of June 30, 2016, PPHD has partnered with area organization to orchestrate 60 NDPP community classes and 21 business classes with 827 participants losing over 4,600 pounds.

"Elevated glucose level, over weight, on the brink of type 2 diabetes. These are the reasons I chose to participate in the diabetes prevention class. We, my wife Diane and I decided to take the class offered by the hospital. Having both of us enrolled in the class was a big advantage. We found the program very easy to follow without drastically changing our diet. Stay below x-amount of calories and x-amount of fat grams, exercise a little and the program works.

Having an instructor like Tammy and a class as a support group, you will have success if you are serious about improving your health. Make no mistake any weight lost program TO improve heath comes with some life style change. Each individual must make this commitment to be successful."

APPENDIX A: ADVISORY GROUP ACTIVITIES IN SUPPORT OF THE NATIONAL PREVENTION STRATEGY

To examine the Advisory Group's performance in promoting the charge to "bring a non-Federal perspective to the National Prevention Strategy's policy and program recommendations and to its implementation," we developed a process evaluation table that Advisory Group members were asked to fill out electronically. The metrics employed in this table aligned with evaluation metrics the Surgeon General and the CDC have used to collect data on implementation of the Strategy from various organizations [The Partner Implementation Story Environmental Scan Project]. Evaluation expert Dr. Melissa Tibbits, Department of Health Promotion, University of Nebraska Medical Center, College of Public Health reviewed and edited the metrics. The metrics included:

- Activity description and location
- Strategy or priority
- Stakeholders coordinating activity (partnering organizations and advisory group member names
- Adoption or policy change and other outcomes, including recommendations

Distributed by e-mail by the Advisory Group chair, 86% (18/21) of Advisory Group members responded to the request to review and provide feedback on activities promoting the charge of the Strategy.

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
2011	Presentation to the American Medical Association, Preventive Medicine Section	Introduction to the National Prevention Strategy – Strategic Priorities	AMA members and staff; NPS AG members Swider and Otto	Otto & Swider recommended further outreach to physicians and AMA membership
2011	Meeting with Chicago Department of Public Health	NPS and Relationship to CDPH planning process for Healthy Chicago; All Four Strategies	CDPH Commissioner and Staff; NPS AG members Swider and Otto	Healthy Chicago aligns with NPS wherever possible and is working across city agencies to address priorities Recommendation: Healthy Chicago have stronger alignment with NPS Strategic Pillars and Cross-Agency collaborative approach data collection and strategy development

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
2011	Presentation at the Annual Meeting of the New Hampshire Public Health Association	All Four Strategies	Public and private members of New Hampshire's public health infrastructure	Substantial understanding of the association's potential for impact
2011	Plenary Session Panel: The National Prevention Strategy America's Plan for Better Health and Wellness	Introduction to the National Prevention Strategy – Strategic Priorities	American Academy of Nursing, 30th Annual Meeting, Washington, DC, October 14; NPS AG member: S. Swider; followed by keynote from Surgeon General Regina Benjamin	Introduction of NPS to national nursing researchers and leaders
2013	Webinar & Training Curriculum for IL Based Navigators and In Person Counselors	ACA Implementation and the NPS: Opportunities to Promote Next Practice for Prevention & Health Promotion ; Strategies: Clinical & Community Preventive Services/ Empowered People	IL ACA Navigator Grantees, In Person Counselors and Certified Application Counselors; NPS AG: Otto	NPS AG ultimately made the recommendation that all federally funded navigators receive training on the prevention services now available under the ACA Recommendation: ALL IL funded navigators/counselors receive training on the availability of Prevention Services under ACA and learn about the NPS Strategic Priorities
2013	Town hall webinar to HRSA Public Health Training Center (PHTC) grantees by Jeff Levi	Introduction of NPS and all four strategies to webinar participants	HRSA Bureau of Health Professions, Division of Public Health and Interdisciplinary Education; NPS AG: Patrik Johansson and Jeff Levi	NPS evaluation tool developed for PHTCs.

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
2013	Keynote speaker at Swedish National Institute of Public Health annual meeting, Stockholm, Sweden	Introduction of NPS and all four strategies to conference participants. Presentation title: "Perspectives from the USA: Integrating Social Determinants of Health into a National Health Plan -The National Prevention Strategy."	Swedish Public Health Institute; NPS AG: Patrik Johansson	Introduction of NPS to international public health practitioners
2013	The National Prevention Strategy, Public Health and Health Care: Nursing Opportunities for Collaboration-keynote address	NPS overview; focus on empowered people and Clinical and Community Preventive Services	CDC Nurses Week Conference; Atlanta, GA May 11; NPS AG member: S. Swider	
2013	The National Prevention Strategy America 's Plan for Better Health and Wellness-keynote address	Introduction to the National Prevention Strategy – Strategic Priorities	American Society of Clinical Lab Scientists-IL Chapter; NPS AG member :S. Swider	Recommendation: Prevention as interprofessional initiative
2014	Meeting with Chicago Hospitals and CDPH	Opportunities for Prevention and Health Promotion After the ACA; All Four Strategies	CDPH Deputy Commissioner Erica Salem, University of Chicago Medical Center, Northwestern Hospital, & Lurie Children's Hospital; NPS AG: Otto	Chicago considers developing a formal hospital collaborative that aligns with NPS. Recommendation: Hospitals could be collaborating in the development of their Community Benefits Implementation Plans and investing in the same evidenced based interventions to improve population health.

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
2014	Health Inequalities Seminar Series speaker, King's College London, London, UK	Introduction of NPS and all four strategies to seminar participants. "The National Prevention Strategy in Action" King's College, London, Department of Social Science, Health, and Medicine, Seminar Series, October 8, 2014.	King's College London; NPS AG: Patrik Johansson	Introduction of NPS to international public health students and faculty
2014	The National Prevention Strategy, Public Health and Health Care: Nursing Opportunities for Collaboration-webinar	Introduction to the National Prevention Strategy – Strategic Priorities	USPHS nursing leadership; NPS AG member : S. Swider	USPHS leadership identified work related to NPS Recommendation: Nursing role in prevention across all strategies and priorities of NPS
2015	RWJF, Health and Society Scholars Program, Detroit MI	Part of presentation	RWJF Health and Society Scholars Faculty	
2015	Activism in the Community: Shoring up the Public Health infrastructure through community engagement-Break out session	Community empowerment and Healthy and Safe Community Environments	AFT Nurses & Health Professionals 2015 Professional Issues Conference and the National Federation of Nurses 2015 Annual Labor Academy, May 22, Chicago, IL; NPS AG member: S. Swider	Recommendation: Discussion on activism for implementation of NPS in home communities
2015	Activism in the Community: Shoring up the Public Health infrastructure through community engagement-keynote address	All 4 strategies	Wyoming Public Health Association; NPS AG member: S. Swider	Recommendation: Discussion to define public health priorities in light of NPS

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
2016	Jackson Charitable Hospitals Service Awards Program of Excellence Finalist Lecture, Atlanta GA	Part of the presentation		
2016	Partnership for a Healthier America: Catalyst for Change Finalist	NPS alignment written into the application		
2016	Robert Wood Johnson Foundation, Clinical Scholars Program, Ann Arbor MI	NPS as part of the presentation	RWJF Clinical Scholars Faculty	
2016	Harvard School of Public Health, Boston MA	Included in presentation	Harvard Professor – Dr. David Williams	
12/8/2011	Region V: NPS Meeting	NPS Strategic Priorities and Region V – Bringing NPS to Your Community; All Four Strategies	Dr. James Galloway, OSG, Region V; Dr. Bechara Choucair, CDPH; Cristal Thomas, Office of the Governor of IL NPS AG Members: Dr. Jeff Levi, Susan Swider, Barbara Otto Local/Regional partners: Julie Ewert, US DOE; John Hosteny, Corporation for National Community Service; Joel Africk, Respiratory Health Association	Promoting more “road shows” for NPS to promote regional, state and local awareness for adapting and aligning with NPS. Recommendation: Adapting strategic priorities of NPS across Region V Federal Agencies and engaging community partners

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
2/1/2012	The University of New Hampshire (UNH) adopted the National Prevention Strategy as the framework for its Health UNH Program.		College of Health of Human Services, Institute of Health Policy and Practice The program is financially supported by University System of New Hampshire and by the University of New Hampshire in Durham. The program is financially supported by University System of New Hampshire and by the University of New Hampshire in Durham.	A progress report is released annually: http://www.unh.edu/healthyunh/national-prevention-strategy Report on "How to Make the NPS Come Alive in a Community" has been sent to Office of the Surgeon General Presentation at the National Public Health Association Annual Meeting
3/21/2012	Stakeholder meeting with presentations from (1) Boston Housing Authority on their anti-smoking work and (2) veterans' group on addressing mental health needs of veterans (Boston, MA)	Healthy and Safe Community Environments Tobacco Free Living Mental and Emotional Well-Being	Jeff Levi, Judyann Bigby, Ellen Semonof Boston Housing Authority	

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
3/21/2012	Surgeon General spoke at a meeting at Harvard Medical School hosted by Doctor's for America. A panel on prevention followed.	All	The panelists were Charles Homer, Ceo Of National Initiative for Children's Healthcare Quality, Karen Hacker, Senior Medical Director at Cambridge Health Alliance, Amy Whitcomb Slemmer, executive director of Health Care for All and Jeff Levi.	
3/22/2012	Celebration for grantees of the Community Transformation Act; Somerville, MA followed by a walk with the SG (Walk for Boston)	All – Active Living	SG and State Department of Public Health Commissioner was in attendance. Ellen Semonoff	An award was given to the SG in celebration of her support for walking.
9/26/2012	National Prevention Strategy Summit, Omaha, NE	Introduction to NPS to public health practitioners in Douglas County, NE; NPS in relation to public health practice activities, taking place in Douglas County described by public health practitioners through panel discussions; All four strategies covered	Douglas County Health Department; Public Health Association of Nebraska; University of Nebraska Medical Center (UNMC), College of Public Health (CoPH); CDC – Corinne Graffunder; NPS AG: Patrik Johansson and Jeff Levi	45 participants completed surveys which indicated that (1) mental health and emotional well-being and (2) active living represented the two most important priority areas. The majority of participants felt that healthy and safe community environments represented most important strategic direction. The Nebraska State Health Improvement Plan references the National Prevention Strategy

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
9/27/2012	National Prevention Strategy Summit, Grand Island, NE	Introduction to NPS to public health practitioners in Nebraska; NPS in relation to public health practice activities, taking place in Nebraska described by public health practitioners through panel discussions; All four strategies covered	Public Health Association of Nebraska; UNMC CoPH; CDC – Corinne Graffunder; NPS AG: Patrik Johansson and Jeff Levi	83 participants completed surveys which indicated that (1) active living and (2) healthy eating represented the three most important priority areas. Participants felt that clinical and community preventive services represented most important strategic direction. The Panhandle Public Health District adopted the National Prevention Strategy - National Prevention Council, Annual Status Report, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2014. Available at http://www.surgeongeneral.gov/initiatives/prevention/about/annual_status_reports.html. (page 60)
4/23/2015	Launch: Healthy Chicago Hospital Collaborative	Creating a Shared Focus on Population Health – Aligning with NPS Strategic Priorities; All Four Strategies	Collaborative co-convened between HDA & CDPH; 26 Hospitals in the city of Chicago ; CDC – Corrinne Graffunder; NPS AG: Susan Swider and Barbara Otto	Concept of aligning Community benefits outcomes with NPS framework is still conceptual proposal. Recommendation: Aligning Hospital community health needs priorities with Chicago's Healthy Chicago Plan and the NPS Strategic Priorities. Strategic alignment between the hospitals, city and nation will enable us to measure impact of community benefits investments on population health.
2012-2016	American Public Health Association Meetings – At least one presentation per year	Included in presentation	APHA leadership	

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
2013 and 2015	Waponahki Tribal Leaders Summit, where NPS AG member taught Tribal Leaders in public health seminar Bangor Maine	All four strategies covered in this half-day seminar which introduced Tribal Leaders in Maine to the public health and the NPS	Wabanaki Public Health District (WBPH); NPS AG: Patrik Johansson	In line with the National Prevention Strategy which calls for interdepartmental collaboration to address public health matters in an evidence-based fashion the WPHD will create a committee sanctioned by the Tribal leaders composed of representatives from different departments and programs in each Maine Tribal community.
2013-2015	Publications that reference the NPS			Johansson P, Williams W, El-Mohandes A. "Infant Mortality in American Indians and Alaska Natives 1995-1999 and 2000-2004." Journal of Health Care for the Poor and Underserved. 2013 August; 24(3) August: 1276-1287 University of Nebraska Medical Center (UNMC), College of Public Health, "The Aroostook Band of Micmacs Health Needs Assessment Report." UNMC, Omaha, NE, 2014. University of Nebraska Medical Center (UNMC), College of Public Health, "The Houlton Band of Maliseets Health Needs Assessment Report." UNMC, Omaha, NE, 2014. University of Nebraska Medical Center (UNMC), College of Public Health, "The Penobscot Nation Health Needs Assessment Report." Omaha, NE, 2014. Johansson, P.; Knox-Nicola; Schmid, K., "The Waponahki Tribal Health Assessment: Successfully using CBPR to conduct a comprehensive and baseline health assessment of Waponahki Tribal members, accepted in the Journal of Health Care for the Poor and Underserved, Aug;26(3):889-907. 2015. doi: 10.1353/hpu.2015.0099.

DATE	ACTIVITY DESCRIPTION AND LOCATION	NPS STRATEGY AND PRIORITY ADDRESSED	STAKEHOLDERS COORDINATING ACTIVITY	OUTCOME
Fall semesters 2013-present	Integration of NPS into MPH curriculum, "Introduction to health disparities and health equity" course, at the UNMC, CoPH	All four strategies covered with focus on elimination of health disparities in this semester long three credit graduate level course for masters and PhD students	UNMC CoPH; NE Department of Health and Human Services, Office of Health Disparities and Health Equity American Indian serving clinic; Community health center; NPS AG: Patrik Johansson	Since 2013-2016, 29 students have completed the on-line course where they are asked to partake in a case study that highlights the elimination of health disparities, through discussion board activities in addition to reflection papers.
January 26-27, 2012	Presentation at the North Carolina State Health Director's Conference on Expanding Partnerships to Transform Health Outcomes		Sponsored by NC Dept of Health and Human Services, Div of Public Health.	Dr. Mayer-Davis facilitated this meeting. Surgeon General Benjamin presented the Keynote Address in order to promote the National Prevention Strategy.
June 8-12, 2012	Presentation at the American Diabetes Association symposium: "The National Prevention Strategy and Diabetes – A Natural Fit"		Dr. Vivek Murthy and Dr. Jeff Levi	

APPENDIX B: THE STATUS OF ADVISORY GROUP RECOMMENDATIONS

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
We were delighted to meet with the new Surgeon General to review our prior recommendations for the Surgeon General's office and to discuss his priorities during his tenure. We applaud his commitment to make prevention and equity the bedrock of all his efforts as Surgeon General. In targeting reduced tobacco and nicotine use and obesity, the Surgeon General has identified the two leading causes of disease and death in the United States. Addressing them more effectively will result in improved health outcomes and quality of life for millions of Americans. The Advisory Group urges the Surgeon General to consider the constellation of approaches to addressing tobacco and nicotine use and obesity as a lens through which all sectors in American society can better understand how to use the four strategic directions of the National Prevention Strategy (healthy and safe community environments, empowered people, elimination of health disparities, and clinical and community preventive services) to improve the health of the nation.	Partially
The Advisory Group urges the National Prevention Council to actively engage with the Center for Medicare and Medicaid Innovation to assure that as communities respond to the solicitation to identify models that address beneficiaries' health-related social needs, all federal partners are prepared to help ensure successful partnerships and collaborations so that local resources can be accessed to most effectively improve the lives of their residents. These grants could serve as a model for future public and private multi-sector collaboration.	Fully
While a significant number of federal agencies are already engaged in My Brother's Keeper, the Advisory Group recommends that the members of the National Prevention Council engage in the effort to amplify the impact of the federal government's leadership and assure interagency collaboration and action to improve attendance especially among the school children most at risk. We recognize that school policies are very local and state based, but the federal government, and public-private partnerships like the National Collaborative on Education and Health can be the catalyst for greater impact at the community level.	Fully
The Advisory Group encourages the Surgeon General, the National Prevention Council, and the Center for Medicare and Medicaid Innovation to identify and promote best practices and supportive policies to advance the use of lifestyle interventions, including optimal nutrition, exercise, stress management, smoking cessation, and social support, in the treatment and management of chronic diseases. Beneficial lifestyle interventions can complement or provide an alternative to medications or surgical approaches for optimal health, including preventing and treating chronic diseases and preventing people living with chronic diseases from developing complications. Identifying effective strategies to promote beneficial lifestyle interventions is particularly important among populations with the greatest burden of disease.	No Action
The Surgeon General should develop one or more focused initiatives to improve community health that would engage several cabinet-level agencies working collaboratively.	Fully

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
Nutrition plays a large and important role in children's brain development and academic performance. The Healthy, Hunger-Free Kids Act of 2010 directed the U.S. Department of Agriculture (USDA) to update nutrition standards for foods served in schools, including for the National School Lunch and School Breakfast Programs. Unfortunately, language included in fiscal year 2015 appropriations law created the ability for school districts to request waivers that effectively exempt them from having to meet standards related to whole-grain foods. Additional language would restrict USDA from putting future scheduled sodium reduction targets into place. Similar language has been proposed by both the U.S. House of Representatives and U.S. Senate during consideration of appropriations for fiscal year 2016. In addition, newly-proposed language would also severely restrict USDA and the Department of Health and Human Services (HHS) in their ability to finalize the 2015 Dietary Guidelines for Americans. The Advisory Group believes that the language is inconsistent with the factual information and strategic perspective of the National Prevention Strategy (Strategy). The Strategy highlights the importance of healthy eating and proven programmatic nutrition standards and policies including those in schools and early learning centers. At a time when there is more scientific evidence than ever proving the importance of good nutrition, we find it profoundly unwise, morally reprehensible, and harmful to health to use the appropriations process to rollback efforts to improve the nutritional quality of foods eaten by our nation's children in school. We urge the Administration to continue to oppose legislative modifications to evidence-based nutrition standards and guidelines or restrictions that would undermine the scientific process. The health of the American people – and in this instance the health of the children of America – is jeopardized when proven approaches to health and well-being are disregarded.	Fully
National Prevention Council agencies should use a collective impact framework to assess the initiative including use of common data collection, outcome measures, and grant reporting requirements related to health that can promote multi-sector collaboration.	Partially
The Surgeon General should ensure that all aspects of the federal government's support of health system change promote a prevention and integrative health agenda.	Partially
The Surgeon General should encourage, coordinate, or conduct health impact assessments of key federal policies and projects as a way of promoting the National Prevention Council's commitment to "identify opportunities to consider prevention and health" within their departments. In particular, the Surgeon General should suggest to those currently supporting health impact assessment development, new areas of focus.	Partially

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
The Surgeon General and National Prevention Council should identify ways to link opportunities related to hospital community benefit requirements, bank community reinvestment requirements, and social impact investing that can promote the goals of the National Prevention Strategy.	Partially
The Surgeon General should take steps to strengthen the relationship between Advisory Group members, the Surgeon General, and the members of the National Prevention Council.	Partially
The Surgeon General should establish an ongoing communication process regarding the Strategy in each community that has an Advisory Group member.	Partially
The Surgeon General should continue, refine, and enhance the National Prevention Council's report. In addition to reporting on past successes, the annual status report should identify new opportunities and goals for the coming year and any challenges that were encountered during the prior year.	Fully
Resources provided to coordinate the National Prevention Council's work should be sufficient to carry out our recommended initiatives.	Partially
Nutrition plays a critically important role in children's brain development and academic performance. And, nutrition is a key determinant of virtually every measure of health and well-being throughout a person's life. The Supplemental Nutrition Assistance Program (SNAP) is the nation's most important anti-hunger program. In 2011, it helped almost 45 million low-income Americans afford a nutritionally adequate diet each month. Nearly 75 percent of SNAP participants are in families with children. Also, more than one-quarter of participants are in household with seniors or people with disabilities. The average SNAP recipient receives about $4.45 per day. Unfortunately, a bill proposing $40 billion in cuts to SNAP and SNAP-ED over the next 10 years recently passed the U.S. House of Representatives. This bill would cause 3 million people to lose benefits while another 850,000 would see their benefits cut, according to the non-partisan Congressional Budget Office. At a time when there is more scientific evidence than ever proving the importance of good nutrition, we find it profoundly unwise, morally reprehensible, and economically short-sighted to propose a major reduction in SNAP. We urge the Administration to continue to oppose cuts in SNAP. We do not need to balance the budget by mortgaging our children's future.	Fully

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
Addressing climate change is a high-priority public health issue critical to the future of our nation's health and well-being. We have been pleased to see greater attention paid to the public health implications of climate change from the White House and an increasingly diverse group of federal agencies having direct responsibilities related to climate change. But much more needs to be done to rally the nation and our society to address this critical challenge to our well-being. To that end, the Advisory Group: • Calls on the Surgeon General to use his bully pulpit to educate the public and catalyze the health community to specifically engage in addressing the consequences of climate change and preventing its worsening. We also call on the Surgeon General to integrate climate change into his existing and future priorities. • Calls on the National Prevention Council to consider the health-related effects of climate change as essential to achieving the goals of the National Prevention Strategy (NPS). We note with regret that the NPS in its current form makes no mention of climate change. We recommend: • That any updates to the NPS or the NPS Implementation Plan add specific and detailed discussions of climate change, building from their agency climate change plans – both in terms of primary prevention and response to the health challenges posed by climate change. • That all agencies that are part of the NPC require that their grantees have climate change mitigation and plans. • That all agencies use should educate their constituencies to increase awareness of the implications of climate change, including the health impacts, on society. • That all agencies, as they work to create more resilient communities as part of their larger mission, take into account resilience in the face of climate change. • Calls on the federal government and the nation's governors to assure that the health implications of climate change are a part of every state's climate action plans through formal agreements between the federal government and the states. Currently only 15 states have completed such adaptation plans. The federal government should also assure that all states have health tracking capacity so that we can measure the health impact of climate change in real time and assess interventions that are deployed to address it.	Partially

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
The Advisory Group, along with the majority of Americans, has been shocked and saddened by the recent mass killings in the United States as well as the regular gun violence and gun-related suicides experienced in the U.S. virtually on a daily basis. Guns kill almost 30,000 people and cause 60,000 injuries every year. This is a complex issue driven by multiple factors but it is ultimately a public health problem that would have mobilized a comprehensive public health response years ago if it were not associated with the volatile politics surrounding this issue. Indeed, the failure to even reference gun violence in the National Prevention Strategy is a major gap that needs to be filled. To that end, the Advisory Group plans to begin a discussion of the issue of gun violence and how a more comprehensive response can be framed within the context of the National Prevention Strategy. In the short term, we join others in the public health community in calling for Congress to lift the restrictions on Centers for Disease Control and Prevention (CDC) research on gun violence. Without comprehensive, objective public health data and science to support our decision making, our ability to respond to this public health crisis with effective prevention efforts is dramatically weakened.	No Action
The Advisory Group urges the Administration to undertake a national campaign based on the Strategy to motivate individuals and mobilize communities to act comprehensively across sectors to address those growing gaps in achievable health status.	Partially
In order to reduce the high burden of chronic disease, the Advisory Group urges the Administration to adopt comprehensive policies and education that make it easier for Americans to make healthful lifestyle changes.	Partially
We commend the Centers for Medicare and Medicaid Services for issuing a proposed rule (on January 22, 2013) regarding essential health benefits for Medicaid programs that would permit states to reimburse for such evidence-based services if they are recommended by a licensed provider. We urge the Administration to finalize this proposed rule and urge CMS and CDC to coordinate efforts to assure effective implementation of this option by state Medicaid programs.	Fully
The Prevention and Public Health Fund remains critical to furthering our Nation's ability to promote health and prevent disease. As allocations are made for the Fund, we urge the Administration to prioritize those investments that are consistent with the original intent of the Fund: prevention, wellness, and public health activities, including the Community Transformation Grants and outreach and education regarding preventive services newly covered under the Affordable Care Act.	Partially
The Advisory Group urges that the prevention benefits of the Affordable Care Act be promoted as a part of enrollment activity (for example, that all consumer assistance programs include training in all preventive services such as navigators & in-person assisters).	Fully
The Advisory Group urges that the NPC agencies help facilitate enrollment strategies and disseminate information on prevention benefits under the Affordable Care Act and that they engage their community partners and grantees in these efforts.	Fully

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
The Advisory Group urges that the National Prevention Council and HHS (specifically CDC and CMS) assure inclusion of a population health perspective and engagement in broader community health activities when implementing new delivery systems, such as Accountable Care Organizations and Medicaid health homes at the state level.	Fully
We urge the collection of sufficient data (including but not limited to race, ethnicity, gender, and sexual orientation) to allow evaluation of the effectiveness of the implementation of Affordable Care Act in relation to preventive and public health interventions at the individual and community level.	No Action
The Advisory Group endorses the appropriate use of the healthcare workforce as defined in Section 5101 of the Affordable Care Act. Thus, we request that HHS issue guidance to states regarding compliance with Section 2706 of the Affordable Care Act and its relationship to all plans offered through the states' health insurance exchanges.	No Action
A more sustained investment is needed to make a major, sustainable difference in these health challenges.	Partially
We are also concerned that as individual communities demonstrate success in programs such as CPPW and CTG, there are not resources available to bring these programs to scale across the nation. As we learn from the successes of the CTGs, more resources from the Fund should be made available to ensure that all Americans benefit from the improved health achieved in these demonstration programs.	Partially
The Advisory Group urges the National Prevention Council, in particular HHS and the Office of Management and Budget, to continue to fully support discretionary public health and prevention programs during the implementation of the Affordable Care Act. As more Americans gain insurance coverage that may pay for some services currently supported with discretionary funds, these resources should be redirected to support implementation of the National Prevention Strategy and ensure that a strong public health system surrounds and is integrated with the health care delivery system.	Fully
The Advisory Group recommends closer integration of community prevention and lifestyle changes into the Medicare and Medicaid programs, as an important opportunity to both effectively (and often less expensively) treat and prevent chronic diseases, such as heart disease and diabetes. We ask that the Center for Medicare and Medicaid Services report back to the Advisory Group at our November 2012 meeting as to what steps have been taken to promote and facilitate state coverage of these interventions in their Medicaid (including their prospective Medicaid expansion) programs and in the Medicare program.	Fully
The NPC should identify short-term commitments by each of the participating agencies to make clear progress toward the goals and targets of the NPS– whether through new interagency collaborations, changes in existing program requirements, or new framing of the ongoing work of the agencies to emphasize positive net health benefits. The NPC should also involve other agencies, not currently members of the NPC, as appropriate to meeting these goals.	Fully

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
The NPC should coordinate immediate steps by NPC agencies to take a health "lens" to major initiatives and programs, using approaches such as Health Impact Assessments. Assessments should be completed at the agency level regarding their own work. Additionally, agencies should incentivize, as appropriate, grantees through special funding, technical support and/or additional evaluation points during grant or contract reviews for those having completed or planning HIAs. NPC agencies should develop the internal capacity to do HIAs and identify the health sector partner agencies that can collaborate with them.	Partially
Member agencies in the NPC should reach out to their stakeholders to educate them about the NPS and its value to the core business of each agency. Members of the Advisory Group would be happy to play a role in these efforts, if helpful.	Fully
We strongly support the Surgeon General's plans for regional meetings over the next year to bring together various stakeholders across the NPC spectrum to learn about the NPS and catalyze similar collaborations at the state and local level – within government (including public health agencies) and across sectors including but not limited to Affordable Care Academia; non-profit organizations such as patient advocacy groups, community organizations and faith-based organizations; philanthropy; and the business community. Critical to the success of these forums will be broad participation by leadership from the NPC to "model" and incentivize collaborations among their grantees.	Partially
We are also pleased at the interest by Grantmakers in Health (GIH) to engage philanthropy in this mission and hope the NPC will reach out to GIH regarding potential collaborations.	Fully
As the Administration moves to complete the membership of our Advisory Group, we urge that new appointees include representatives reflective of the scope of the National Prevention Council as well as non-governmental sectors (e.g., business community, community and faith based organizations) critical to the long-term success of the NPS.	Partially
The NPC should measure and document the success of these efforts through qualitative and quantitative measures. We urge that "success stories" related to implementation of the NPS be documented and that the NPC also set quantitative measures for its work in the short and midterm.	Fully
In addition, we suggest that the NPC develop a "dashboard" that documents for the public the collective impact on the Nation's health of the various activities undertaken through the NPS.	Fully
We urge the Administration and the Congress to protect the Prevention and Public Health Fund and assure its implementation at the original funding levels set in the Affordable Care Act.	Partially

ADVISORY GROUP RECOMMENDATION	FULLY OR PARTIALLY IMPLEMENTED / NO ACTION?
As early as possible in the new fiscal year Prevention and Public Health Fund resources should be used to fund the highest qualified approved but unfunded applications. Rapid initiation of the changes envisioned by the CTGs is critical to improving health outcomes.	Partially
Funds from the Prevention and Public Health Fund should be used to undertake a public education campaign that promotes greater awareness of prevention and the preventive services now covered in the Affordable Care Act (as authorized under Section 4004 of the Affordable Care Act). Such a campaign should be strategically targeted to effectively reach populations at greatest risk. The Fund should also be used to conduct outreach and link to services, e.g. support a community health worker initiative (as authorized under Section 5313 of the AFFORDABLE CARE ACT).	Fully
Further, HHS should examine the role of existing federally funded public health programs with documented effectiveness to transition individuals in these programs to enrollment in new health plans and utilization of preventive and other services.	Fully
We urge that a broad-based approach be taken to demonstration projects supported by the CMS Innovation Center– incorporating inclusion in new financing and organizational structures of appropriate non-traditional (i.e., non-medical and often community based) providers, public health agencies doing critical surveillance, quality assurance, systems change, and non-clinical services (e.g., home and community environmental mitigation for asthma) that affect health outcomes through evidence-based primary or secondary prevention approaches.	Fully
We urge that the Department of the Treasury, in particular the Internal Revenue Service, be added to the deliberations of the National Prevention Council. This will help to maximize the impact of the community benefit and assure that community benefit activities of hospitals are in line with community needs and coordinated with other effective prevention and health promotion efforts.	No Action

APPENDIX C. DESCRIPTION OF ADVISORY GROUP MEMBERSHIP

MEMBER	APPOINTMENT START DATE	APPOINTMENT END DATE	ORGANIZATION OR AFFILIATION
JudyAnn Bigby, M.D.	1/27/2011	9/30/2017	Mathematica Policy Research
Richard Binder, M.D.	5/24/2011	9/30/2017	Virginia Commonwealth University
Valerie Brown	1/27/2011	9/30/2017	Former Supervisor Sonoma County Government CA (Retired)
Jonathan Fielding, M.D. , M.P.H.	1/27/2011	7/17/2016	UCLA Fielding School of Public Health
Ned Helms, Jr.	1/27/2011	9/30/2017	New Hampshire Institute of Health Policy and Practice
Patrik Johansson, M.D. M.P.H.	4/8/2011	9/30/2017	University of Nebraska Medical Center, College of Public Health, Department of Health Promotion
Jerry L. Johnson	11/21/2011	9/30/2017	Heffler-Radetick & Saitta LLP
Janet R. Kahn, Ph.D.	10/28/2011	9/30/2017	Principal Investigator Mission Reconnection Research Assistant Professor Dept. of Psychiatry University of Vermont College of Medicine
Sister Charlotte Rose Kerr, BSM R.N.	1/27/2011	9/30/2017	Maryland University of Integrative Health
Jeffrey Levi, Ph.D. (Chair)	1/27/2011	9/30/2017	The George Washington University
Jacob Lozada, Ph.D.	11/21/2011	9/30/2017	AARP
Elizabeth J. Mayer-Davis, Ph.D.	1/27/2011	9/30/2017	Gillings School of Global Public Health University of North Carolina
Vivek Murthy	1/27/2011	9/30/2015	Doctors for America
Dean Ornish, M.D.	11/21/2011	9/30/2017	Prevention Medicine Research Institute University of California
Barbara Otto	1/27/2011	9/30/2017	Health and Disability Advocates
Herminia Palacio, M.D. M.P.H.	11/21/2011	9/30/2017	New York Deputy Mayor for Health and Human Services
Judith Palfrey	5/24/2011	9/6/2011	T. Berry Brazelton Professor of Pediatrics; Harvard Medical School
Linda Rosenstock, M.D. M.P.H.	1/27/2011	9/30/2017	UCLA School of Public Health
John Seffrin, Ph.D.	1/27/2011	9/30/2017	American Cancer Society (Retired)
Ellen Semonoff, B.A. J.D.	4/8/2011	9/30/2017	Department of Human Service Programs
Susan Swider, APHN-BC	1/27/2011	9/30/2017	College of Nursing Rush University
Sharon Van Horn, M.D. M.P.H.	1/27/2011	9/30/2017	Medicine Pediatrics
Kimberlydawn E. Wisdom, M.D. M.S.	2/10/2012	9/30/2017	Henry Ford Health System

REFERENCES

i. See the Centers for Disease Control and Prevention's Health Impact 5 Years, **https://www.cdc.gov/policy/hst/hi5/index.html**, which has a series of evidence based, high-impact community prevention programs that are multi-sector.

ii. See lifestylemedicine.org

iii. Collecting data from 23,153 German Participants aged 35-65 years, the EPIC study sought to determine the reduction in relative risk of developing chronic diseases associated with 4 healthy lifestyle factors. The study found that participant engaged in all 4 healthy lifestyle factors (never smoking, BMI less than 30, regular physical activity, and healthy diet) had a 78% lower risk of developing chronic diseases including myocardial infarction, diabetes, stroke, and cancer as compared to participants associated with 0 healthy factors. E.S. Ford, M.M. Bergmann, J. Kroger, et al. *Healthy Living Is the Best Revenge: Findings From the European Prospective Investigation Into Cancer and Nutrition–Potsdam Study*. Arch Intern Med. 2009;169(15):1355-1362.

iv. The INTERHEART study found that 90%-94% of the population attributable risk of myocardial infarction in men and women could be accounted for by 9 lifestyle related risk factors (smoking, diabetes, abdominal obesity, raised ApoB/ApoA1 ratio, lack of daily consumption of fruits and vegetables, regular alcohol consumption, physical inactivity, hypertension, and psychosocial factors). Yusuf S, Hawken S, Ôunpuu S, et al. *Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study*. Lancet. 2004;364(9438):937-52.

v. In the Diabetes Prevention Program, researchers found that the incidence of diabetes was reduced by 58% with lifestyle intervention and by 31% with an antihyperglycemic agent (metformin), thus leading to the conclusion that Type 2 diabetes may be prevented or delayed in high-risk populations. Diabetes Prevention Program Research Group. *Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin*. The New England Journal of Medicine. 2002;346:393-403.

vi. In studies by Dean Ornish and colleagues, a lifestyle medicine intervention of a whole foods plant-based diet, moderate exercise, stress management techniques, and social support could, among other things, reverse the progression of even severe coronary heart disease after one month, with further improvements after one year and five years; and reverse the progression of type 2 diabetes, high blood pressure, obesity, and hypercholesterolemia. See: D. Ornish, L.W. Scherwitz, R.S. Doody, et al. *Effects of Stress management Training and Dietary Changes in Treating Ischemic Heart Disease*. JAMA. 1983;249:54-59; D. Ornish, L. Scherwitz, J. Billings, S.E. Brown, et al. Intensive lifestyle changes for reversal of coronary heart disease Five-year follow-up of the Lifestyle Heart Trial. JAMA. 1998;280:2001-2007; D.M. Ornish, S.E. Brown, L.W. Scherwitz, et al. *Can lifestyle changes reverse coronary heart disease?* The Lancet. 1990; 336:129-133; Silberman A, Banthia R, Estay IS, et al. *The Effectiveness and Efficacy of an Intensive Cardiac Rehabilitation Program in 24 Sites*. American Journal of Health Promotion. 2010;24[4]:260–266.

vii. National Center for Chronic Disease and Health Promotion. CDC. 2015. **http://www.cdc.gov/chronicdisease/resources/publications/aag/nccdphp.htm**

viii. **https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/ICR.html**

ix. United States Department of Health and Human Services Centers for Medicare & Medicaid Services. Certification of Medicare Diabetes Prevention Program. **https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf**

x. Such initiatives include Communities Putting Prevention to Work (CPPW) **http://www.cdc.gov/nccdphp/dch/programs/communitiesputtingpreventiontowork/**, Community Transformation Grants (CTGs) **https://www.cdc.gov/nccdphp/dch/programs/communitytransformation/**, Partnerships to Improve Community Health (PICH) **http://www.cdc.gov/nccdphp/dch/programs/partnershipstoimprovecommunityhealth/**, and Racial and Ethnic Approaches to Community Health (REACH) **https://www.cdc.gov/nccdphp/dch/programs/reach/index.htm**.

xi. See **www.cdc.gov/HI5**

xii. E. H. Bradley, L. A. Taylor, and H. V. Fineberg, *The American Health Care Paradox: Why Spending More is Getting Us Less*, Public Affairs, 2013. Elizabeth Bradley, et al., Variation In Health Outcomes: The Role Of Spending On Social Services, Public Health, and Health Care, 2000–09, *Health Affairs*, 2016.